AAC Cdr's/CSM's Conference

Command Surgeon Update

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10 March 2004

Agenda

- Frames of Choice (FOC Program in AIT)
- Dental Pilot Programs (Knox and Sill)
- Expansion of Dental Readiness Program (AIT)
- MEPS vs. Army Audiograms
- Heat Injury Prevention
- New Physical Profile (DA Form 3349)
- Combat Lifesavers in IET
- Reception Bn Medical In-Processing Standardization
- Dress Socks/Sock Liners in IET
- DFAC Hand Sanitizing Dispensers
- Preventing “Preventable” Field/Operational Illnesses
- MEDPROS and UIC Verification Status
- Women’s Health Initiative
- Medical Research (Musculoskeletal Screening in MEPS; Urine Drug Testing in MEPS)

Frame of Choice Program (AIT)

- USAAC Cdr Initiative
- Begun in May 2003
- Voluntary, not required
- Allows spectacle-wearing soldiers the ability to be fitted for and receive FOC spectacles prior to graduation from AIT
- Requires 4-6 week lead time, depending on installation
- IET soldiers appreciate having FOC spectacles for their PCS travel to their first unit of assignment

Dental Pilot Programs

- 2003 MOU between TRADOC and MEDCOM
- Pilots at Forts Sill (1 Oct 03) and Knox (1 Nov 03)
- Intent is to validate costs and methodology for ensuring >95% of AIT grads are Class 1 or 2 Dental
- Fort Sill at 97.2% Class 1 / 2
- Fort Knox at 98% Class 1 / 2
- Lessons Learned:
  - “one size” program does not fit every installation
  - Close cooperation between local DENTAC and Training Bde required for success
  - Consideration of using BCT time vs. AIT time

IET Dental Readiness Program – Future Expansion

- MEDCOM DCG briefed on potential COAs 03 Mar 04
- Final COA will be approved by 19 Mar 04
- DENCOM goal is to implement full AIT Dental Program in FY05

Audiograms

- MEPS Audiograms are hearing tests used for enlistment standards screening
- DA Audiograms (DOEHRS-HC -- **Defense Occupational Environmental Health Readiness System for Hearing Conservation**) will become the BCT standard once all BCT MEDDACs have sufficient resources to support it (Sill and Benning do them now)
- DOEHRS-HC Audiograms are definitive, diagnostic hearing examinations; they are the “Gold Standard” for the Army’s Hearing Conservation Program
- DOEHRS-HC Audiograms will result in small number of soldier referrals for evaluation by Audiologist (EPTS Hearing Loss? Permanent Hearing Profile?)

Heat Injury Prevention

- Heat Injury season is approaching rapidly
- DCG/CofS will be signing emphasis Memo in mid-March 04
- Memo will direct completion of all Heat Injury Leader and Soldier training by 15 Apr 04
- TRADOC Surgeon and Safety Offices will monitor, data-mine, and report Heat Injury stats monthly starting May 04

New Physical Profile DA 3349

- New “long” profile form approved Feb 04
- Replaces and supercedes May 86 version
- Changes reflect input provided from “the field” on what information was useful, not useful
- Regional Medical Commands and MEDDACs directed by MEDCOM to begin immediate use of the new Physical Profile Form 1 Mar 04

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: *(Description in lay terminology)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)* _____ *(Limited to 3 months duration)*		
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? *(IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)*	Needs MMRB	Needs MEB/PEB

5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES *(If any answer (a-f) is NO then the profile should be at least a 3)*		
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & fill sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		

8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

☐ This temporary profile is an extension of a temporary profile first issued on _____ Date.

11. THESE PARAMETERS ARE OPTIONAL USE AS NEEDED

Lifting or carrying max weight _____ or _____ distance
Running maximum distance _____
Prolonged standing - maximum time per episode _____
Marching with standard field gear except rucksack max distance _____
Impact activities such as jumping max # reps in one day _____

This temporary profile is an extension of a temporary profile first issued on _____ (Date).

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE (YYYYMMDD)
15. ACTION BY APPROVING AUTHORITY	APPROVED	NOT APPROVED
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY	17. SIGNATURE	18. DATE (YYYYMMDD)

19. ACTION BY UNIT COMMANDER *(See para 7-12, AR 40-501)*	YES	NO
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT		

20. COMMENT

If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c

21. TYPE NAME & GRADE OF UNIT COMMANDER	22. SIGNATURE	23. DATE (YYYYMMDD)

24. PATIENT'S IDENTIFICATION *(For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)*	25. UNIT
	26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER
	PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.

PHYSICAL PROFILE - PAGE 2 *(OPTIONAL)*

PATIENT'S NAME	DATE *(YYYYMMDD)*

CONTINUATION *(From page 1, Item 10)*

Combat Lifesavers in IET

- Most IET units have trained CLS personnel (DSs)
- Most IET units have already purchased CLS bags for use during P.T. and certain training events
- TR 350-6 change in final staffing process – change will institutionalize CLS personnel and bags in IET (one per BCT/OSUT platoon; one per AIT company)
- BCT Support Bn Medics/AIT supporting MEDDACs are prepared to support CLS training requirement
- Class VIII Supply Accounts (with local MEDDAC) required for resupply of CLS Bags
- Separate initiative to have TRADOC UMTs CLS trained and equipped as well (like TOE UMTs)

RecBn Medical In-Processing Standardization

- Currently vast variation in execution of ATC medical in-processing by supporting MEDDACs
- Previously referenced TR 350-6 change will standardize medical in-processing
- Day 1 Highlights – paperwork completion, MMOT, PPD, Pregnancy Test, blood testing, sight/hearing screening, review of MEPS physical exam/testing, bite guard fitting, ear plug fitting, etc.
- Day 3 Highlights – review of PPD, pregnancy test results; immunizations performed; MEDPROS data entry performed (of shots and appropriate MEPS data like HIV test)

Dress Socks/Sock Liners in IET

- Soldiers are issued 7 pairs of dress socks/sock liners during RecBn in-processing
- Why 7 pairs?? So that 2-4 pairs can be used as sock liners during new boot break-in and during long road marches
- If used for new boot break-in and during long road marches, will result in fewer blisters and secondary cases of cellulitus (and less sick call)
- Information Paper being drafted to clarify dress sock/sock liner information for IET use
- Intended outcomes will be validated through sick call data once Information Paper is issued

DFAC Hand Sanitizing Dispensers

- IET Assessment Visits validate usage by Soldiers
- Usage should decrease upper respiratory and gastrointestinal diseases in soldiers
- Some DFACs have strategically placed their dispensers near the DFAC headcount – others are “out-of-effective range” for maximizing usage
- Still some confusion on how and why to use them – new Information Paper being drafted to clarify usage
- New training aid created for placement near DFAC dispensers to ensure proper usage (see next slide)

Hand Sanitizing

✓ **Place a dime-sized amount**
onto your palm (one pump from dispenser)

✓ **Rub gel or foam briskly over**
the surfaces of both hands

✓ **Let Your hands air dry (rinsing is not required)**

Preventing “Preventable” Field/Operational Illnesses

- FTXs/Operational Deployments provide opportunities for a Soldier to catch preventable diseases such as Upper Respiratory Diseases, Diarrhea, insect-transmitted diseases (Lyme Disease, Leishmaniasis, West Nile Virus, Malaria, Rocky Mountain Spotted Fever, etc.)
- Personal Hygiene and STD TSP updated, approved, and being posted to Reimer Library
- Prevention is the Key to Success: use of Hand Sanitizing Gel before meals, after sneezing/coughing; use of DEET Personal Insecticides; regular personal hygiene; LEADER EMPHASIS AND SPOT CHECKS

MEDPROS and UIC Verification

- MEDPROS is the database used by the Army for tracking medical information
- MEDPROS UICs have not been validated in over ten years
- Surgeon's Office completing UIC verification data call – information will be reviewed within TRADOC HQ; once verified, TRADOC UICs will be sent to Army G1 and MEDPROS
- Only verified UICs will be used by Surg Office for medical data-mining and TRADOC R&A

Women's Health Initiative

- Air Force, USMC, Navy, and Coast Guard all offer/perform routine Women's Health Services during their IMT
- Army does not offer routine Women's Health Services during IMT – services first offered at first unit of assignment
- MEDCOM is drafting a new program proposal for offering these services during BCT vs. AIT
- Proposal will be briefed to DCG/IET, staffed with IET Commanders prior to TRADOC/MEDCOM approval
- "Truth in Lending" → earlier services will result in required treatment and lost training time in some #

Active Medical Research

- ARMS Study – Assessment of Recruit Motivation and Strength. Baltimore, Chicago, Sacramento, San Antonio, and Atlanta MEPS sites. WRAIR Pilot Study adds Push-ups, Military Press, and Step Test to MEPS Exam in order to screen for EPTS musculoskeletal conditions. Starts Mar 04. Results after 90 days
- Dipstick Urine Testing – Dallas, Denver, Harrisburg (PA), NYC MEPS sites for 30-day procedural pilot test. Initial dipstick test for narcotics, amphetamines, THC; positive dipsticks followed with definitive lab test; if lab verifies positive dipstick, recruit goes home
  - Study being done to answer DoD's requirement for testing within 72 hours of accession
  - Implications for all of DA, operational testing, EXODUS

Surgeon’s Update

Comments or Questions??